# PracticeAdmin Release Notes: ARI 4.0

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# Search for multiple patient accounts

ARI now features an option to search for multiple patient accounts at one time. This type of search can be done by specifying a list of patient accounts in the "Account#" field on the "Filter" tab.

Claim ID		
Account #	CH9083; CH	9874
DOS	//	- //
Item Unique		
Primary Diagnose		
Curr Ins Bill Dt	11	- //
Status		
CPT		
Voucher/RJ Code		
Doctor	(ALL)	•
Search	Clear	Disable Filter

Account numbers can be separated by [;] (semicolon), [,] (comma) or [] (space).

For example:

- CH9083; CH9874; CH234
- CH9083, CH9874, CH234
- CH9083 CH9874 CH234

**Note:** To search by multiple patient accounts, the user must be a Manager. If not a Manager, only the first entry in the "Account#" field will be used in the search.

If there is only one account number specified, it is possible to use [\*] character as a wildcard for searching within a range. For example:

- CH9\* search for accounts which begin with 'CH9'
- CH\*4 search for account which begin with 'CH' and end with '4'

#### Validation of account numbers during search

If one or more of the entered account numbers are invalid, the validation marker is displayed:

Claim ID				
Account #	CH908#3; C	H12	234; CH1C	•
DOS	11	-	11	

You can view the list of incorrect account numbers in the validation marker tooltip:

Claim ID Account #	ŧ	CH908#3	3; CH12	34;	СН	1C	•
DOS		11	-	1	1		
Item Unic	Some of CH908#3	account 3, CH1C.	numb	ers	are	inco	rrect:
T THINGLY V				-	_		

The validation rules for account numbers are:

- Account number consists only of numbers (e.g. '95874'), or
- Account number starts with letters and ends with numbers (e.g. 'CH9875').

# **Restrict User Access to Specific Facilities**

ARI now provides the ability to configure user access on per-facility basis. This feature is available via the ARI Admin application in the "User Settings" section of the "Users and User Classes" tab.

sers			Accessible Practices	Additional Parameters
	User Chart	Designation	ABC DEMO PRACTICE(ABC)	
Login	User Class	Description	Demo Practice 1(1)	
alexb	Manager, Admin		Demo Practice 10(10)	Assigned Doctors
OADER			Demo Practice 11(11)	Doctor 1 (1)
SQLSERVER		SYSTEM, DO NOT DEL	Demo Practice 12(12)	Doctor 7 (1)
			Demo Practice 13(13)	Doctor 2 (2)
			Demo Practice 14(14)	Doctor 4 (4)
			Demo Practice 15(15)	Doctor 4 (4)
			Demo Practice 16(16)	
			Demo Practice 17(17)	
			Demo Practice 18(18)	-
			Demo Practice 19(19)	
			Demo Practice 2(2)	
			Demo Practice 20(20)	Automatically obtain rights
			Demo Practice 21(21)	- new doctors
			Demo Practice 22(22)	Check/Uncheck All
			Demo Practice 23(23)	
			Demo Practice 24(24)	Assigned Facilities
			Demo Practice 25(25)	
			Demo Practice 26(26)	Facility 1 (1)
			Demo Practice 27(27)	Facility 2 (2)
			Demo Practice 28(28)	Pacility 3 (3)
			Demo Practice 29(29)	Patient's Home (0)
			Demo Practice 3(3)	
			Demo Practice 30(30)	
			Demo Practice 31(31)	
			Demo Practice 32(32)	
			Demo Practice 33(33)	
			Demo Practice 34(34)	Automatically obtain rights
			Demo Practice 35(35)	new facilities
			Demo Practice 36(36)	Check/Upshack All
			Pero Practice 37(37)	CHECK/Oncheck All
			Demo Practice 38(38)	Unanglined Duralizet Lines Classe
			Demo Practice 39(39)	Unapplied Bucket User Class
			Demo Practice 35(33)	AR Staff
			Demo Practice 40(40)	Call Staff
			Demo Practice 40(40)	Client Rep
			Demo Practice 47(41)	CR Pre-Collect Call Staff
			Demo Practice 42(42)	EOB
			Demo Practice 40(44)	Manager
			Demo Practice 44(44)	- Office
				Office Pre-Collect Call Sta
Add	Edit Delete	Resort Show only ARI use	rs Copy From Check/Uncheck All	
				OK Cancel Apple
				UN Cancel A

Note: If the "Automatically obtain rights for new facilities" flag is set, then a user will get access to all newly added facilities automatically.

# Facility Name Displayed on the Claim Details Tab

Facility name is now displayed on the Claim Details tab, right under the Practice name.

Claim detail	Filter		
Practice		ABC DEMO PRACTICE	- [
Facility		Facility 1	
Doctor Nar	me	Doctor 2	
Doctor Nur	mber	2	
Primary In	s	272	

#### **New Workflow Options**

Three new workflows were added to the ARI Client to make processing of claims/patients more streamlined.

- Approve for Statements in 2 days
- Approve for Delinquency Letter in 2 days
- Work Again in 30 days (available in the Unapplied Bucket)

## Icon for patients on payment plan

Patients on a payment plan who missed their payment are displayed with the icon (2) in the Patients list.

Claims I	Managem	ent Dashboard Patient Due					
View	Cl	ient Rep	✓ 1 of 1	I« <	> >>> Dollar view		▼ Standard
Pract	ice DE	MO PRACTICE (AR 3/0, DI	M5 0/3/0/0/0 Claims)		▼ Type Patient	t Past Due	(5 patients)
	Flags	Doctor Name	Facility Name	Account Nu	Patient Name	Balance	Pat Bill Type
	0	Lisa Miller	DEMO FACILITY	306051	JOHN SMITH	308.00	16
	0	Jason White	DEMO FACILITY	326065	MARY JEIN	140.00	16
	0	Jason White	DEMO FACILITY	IMSLCH-16	JOHN BLACK	130.00	10
	0	Robert Allen	DEMO FACILITY	326068	MARK PEREZ	127.00	10
	0	Jason White	DEMO FACILITY	326075	PAUL HILL	107.00	10
	$\Box$						

In ARI Admin, there is a new practice setting called "Days Threshold" in the "Payment Plan" settings group. This setting indicates the number of days a patient has to make a payment before drawing attention of PCC or CR staff.

ſ	- Pr	actice settings		
l		Claim Statuses Excluded From Call		٠
l		Exclude Practice from AR Staff Expc	True	
l		Exclude Practice from Pre-Collect C	True	
l		Number of days for Date of Last Pay	60	
l		Doc Exclude Numbers (From Call St		
l		Enable STA/DL Printing	False	
l		Call Staff Activation Delay	35	
l	Ξ	02. Reports		
l		Email List		
l		Send single-practice reports	False	
l	Ξ	03. FTP Settings		
l		FTP Server		
l		FTP Server Directory		
l		Login	anonymous	
l		Password	anonymous	
l	Ξ	04. Payment Plan		
l		Payment Plan Bill Types List		
l	L	Days Threshold	5	
I	E	UJ. Statemenis		
I		Enable Statements	True	
I		User Class To Perform Approval Fo	Client Rep	

# **Configurable Access to "Patient Claims Need Action" bucket**

There is now the ability to provide access to the "Patient Claims Need Action" bucket separately from other Office buckets. The "Patient Claims Need Action" bucket is available to Manager-level users and to users that were explicitly granted permissions to access that bucket.

In ARI Admin, on the "User Editing" form, the User Roles list under the "Other" category now shows "Patient Claims Need Action" as a sub-item of "Office".

User Roles	
Administrator	
C Manager	
ARI Client Statistics	
DM1/DM3/ECW Uploading	
Statements Printing	
Need Approval Lists Generation Buckets Summary	
Other	
AB Staff	
Patient Claims Need Action	
CR Pre-Collect Call Staff	
CR Pre-Collect Call Staff	
CR Pre-Collect Call Staff	-

#### **PP claims grouping**

When existing PP claims of a patient receive a new PP status during DM1 import, all new and current PP claims of that patient receive this status as well, instead of being grouped to the old one.

#### **Changing insurance**

Changing insurance data that doesn't fall under a special category no longer results in changes in claims status.

# **Simplified Patient Balance Write-Off**

If patient responsibility balance needs to be written off for some reason, users only need to post "R129" or "R133" informational transaction in the billing system to send claims to Client Rep users.

# More Details in the Practices Claim List Report

The "Practices Claim List" report was modified: new columns (called "Bucket" and "Date Added to List") were added to it in order to help users check the results of the DM1 Import process. Those columns contain the same info as in the ARI Client.

### **DM7 Report Tweaks**

Several modifications were made for the DM7 report to make it more useful. Particularly, a new "Date Added to List" column was added and the logic distributing claims between different report sections was adjusted.

# **Statements**

#### **Statements Preview**

The statements preview screen of the ARI Client was modified: a new "Total" column was added to it, showing sum of statements and DL's that are about to be printed for each practice. The same modification was made for the Statements Preview report.

Clain	ns Managem	ent Dashboard	Patient Due				
str	Print Area						
emel	Acronym	Practice Name		Date of Last Printing	Number of Statements/D.L. to print	Total	
Stat	ABC	ABC DEMO PR	ACTICE	10/8/2010 4:36:54 PM	4/3	7	

#### **Changes in Statements Workflow**

Several changes were made to the logic of claims processing. The first one makes it possible to print statements immediately after the pre-collect call was made, without the need to wait until the hold period from the previous printing expires. The second change affects the "Patient Claims" bucket: claims transferred from patient to insurance will be sent to Call Staff users, when possible.

#### Sorting claims in statement files

Claims are now sorted by Date of Service (DOS) for each patient in the statements file.

# **Pre-Collect Calls Statistics Report Enhanced**

The Pre-Collect Calls Statistics report also collects data about calls that were made some time ago for claims that are resolved at the moment of the report generation. Previously, such data wasn't included in the report.

# **DM1 Practice Management System Interfaces**

In addition to PracticeAdmin Practice Manager, Vitera Medical Manager, and NextGen Practice Management, the DM1 interface now supports eClinicalWorks Practice Management. This addition to the ARI DM1 interface library is now in beta release. Please contact <a href="mailto:support@practiceadmin.com">support@practiceadmin.com</a> if your organization would like to participate in the eClinicalWorks beta testing.

# **Collection Agencies Support**

ARI now has a set of new features to manage workflow with third-party collection agencies. To support this capability, a new "Collections" view has been added to the ARI Client.

Claims Mana <u>c</u>	ement Dashboard Patient Due		
View	Collections	~	1
Practice	Manager AR Staff Office	)	
D	Call Staff		
	Client Rep		
	EOB		
	WorkComp		
	CR Pre-Collect Call Staff		
-	Office Pre-Collect Call Staff		4
	Collections		-

In the "Collections" view, only "Collections" bucket is available, with the following two workflows:

- "Add Note" this workflow can be used to add a note without changing the patient's status
- "Close" this workflow moves the patient to the "Resolved" status.

"Collections" view is only available when the selected practice has the new option enabled in ARI Admin:

Practice settings		
🗄 01. General		
1 02. Reports		
🗄 03. FTP Settings		
표 04. Statements		
🗉 05. Delinguency Letters		
🗉 06. Client Rep Pre-Collect (	Calls	
1 07. Office Pre-Collect Cals		
🗉 08. Bad Debt Processing		
Collections User Enabled	True	
🖂 US. Address		

The patients in the "Collections" bucket can also be accessed from the "Client Rep" view by Manager users and by all users who have the "Client Rep" and "Collections" options enabled in the "User Editing" dialog in ARI Admin:

Call Staff	~
Client Rep	
Collections	
LR Pre-Lollect Call Staff	
EOB	
Office	
Office Pre-Collect Call Staff	
WorkComp	~

#### **Importing Collection Agency files**

A new option to import files has been added for Collections agencies, including import from ARI Admin. The files are imported in the Microsoft Excel (.xls) format, and it is possible to import files for a specified date, or for a specified period of time.

File type:	CFI	
Practice Name:		~

For each third-party collection agency, ARI will need to be configured with matched note/value pairs. Note "REM BY STATUS" moves claims from Collection to Resolved status.

Examples:

Note: TC=1 116.50 AP-A CK# 6302 MARK CLUBB OSTS:ACT COM=58.25 Imported as: Principal Paid to NHC 116.50 AP-A CK# 6302 MARK CLUBB OSTS:ACT COM=58.25

Note: SNT NTC NHC1

Imported as: Sent Letter to debtor 5/10/2011 NHC1Fixes

#### More Control for Office Users over Write-Off Process: New Status

A new bucket has been added in the "Office" view: "Patient Claims Need Action". Patients can be moved to this bucket from the "Patient Bad Debt" bucket (see below), so that "Office" users can decide what actions are to be taken with the patients. There are four workflows available for this bucket:

- 1. "Approve for Collections" returns the patient to the "Patient Bad Debt" bucket and marks the account for moving to Collection agency
- 2. "Approve for Write Offs" returns the patient to the "Patient Bad Debt" bucket and marks the account for write-off.
- 3. "Not Approved" returns the patient to the "Patient Bad Debt" bucket and marks the account as not approved by "Office"
- 4. "Send Note" returns the patient to the "Patient Bad Debt" bucket. This workflow can be used to add a note.

## More Flexibility Working with Patient Debts: New Workflows

Two new workflows have been added for the "Holding after Statements Printing", "Holding after Delinquency Letters Printing", Patient Bad Debt", "Holding after Client Rep Pre-Collect Calls", "Holding Approval for Client Rep Calls", "Need Approval for Client Rep Calls", "Queued for Client Rep Pre-Collect Calls", "Holding after Office Pre-Collect Calls", "Holding Approval for Office Calls", "Need Calls", "Need Approval for Office Calls", "Need Approval for Office Calls", "Need Calls", "

- 1. Approve for Statements in 2 Days
- 2. Approve for Delinquency Letters in 2 Days

If a patient is processed through either of these workflows, in two days this patient will be added to the Statements or to Delinquency Letters print queue, and the last printed date will not be checked.

A new workflow, "Work Again in 60 Days", has been added for the following buckets: "Holding after Client Rep Pre-Collect Calls", "Holding Approval for Client Rep Calls", "Need Approval for Client Rep Calls", "Queued for Client Rep Pre-Collect Calls", "Holding after Office Pre-Collect Calls", "Holding Approval for Office Calls", "Need Approval for Office Calls" and "Queued for Office Pre-Collect Calls".

#### **Patients Bad Debts Processing Revamped**

"Need Approval for Write Off" bucket has been renamed to "Patient Bad Debt" and is now available only in the "Client Rep" view. The workflows that moved claims to the "Need Approval for Write Off" bucket have been renamed according to the bucket's new name, for example, "Move to Write Off or Collections" workflow is now called "Move to Patient Bad Debt".

For the "Patient Bad Debt" bucket, the following new workflows have been added:

- 1. "Pending Office Decision" saves the current status of the patient and marks him as pending decision from "Office".
- 2. "Request Office Approval" moves a patient to "Office" to receive approval; the patient can be accessed through the "Patient Claims Need Action" bucket in the "Office" view.
- 3. "Approve for Collections" saves the current status of the patient and marks him for moving to Collection agency.
- 4. "Approve for Write Offs" saves the current status of the patient and marks him for writeoff.

A filter has been added to the "Patient Bad Debt" bucket.

lar view	Standard	💌 🛃 Go (	🏠 Priority 🔀 Export
Type Patient Bad Deb	t (14 patients)	× A11	~

The filter allows selecting patients according to their status:

• "All" – shows all patients regardless of their status.

- "Approved for Collections" shows patients approved by "Office" to be moved to collection agency.
- "Approved for Write Offs" shows patients approved by "Office" for write-off.
- "From Pre Collect Calls" shows patients who have been moved from the following buckets: "Holding after Client Rep Pre-Collect Calls", "Holding Approval for Client Rep Calls", "Need Approval for Client Rep Calls", "Queued for Client Rep Pre-Collect Calls", "Holding after Office Pre-Collect Calls", "Holding Approval for Office Calls", "Need Approval for Office Calls", "Queued for Office Pre-Collect Calls".
- "Need Approval" shows patients who need approval from Office.
- "Not Approved" shows patients who were moved to "Office" for approval and were then returned to the "Patient Bad Debt" bucket without approval.
- "Pending Office Decision" shows patents who are expecting a decision from "Office" and who were marked using the "Pending Office Decision" workflow available via this bucket.

"Move to Write Off or Collections", "Request for Collection", "Request for Write-Off", "CR Patient Claims" buckets have been deleted, and the patients who were in these buckets have been moved to the "Patient Bad Debt" bucket. The workflows which were responsible for moving patients to these buckets have been correspondingly renamed, and these workflows now move patients to the "PatientBadDebt" bucket.

#### **New Icons in the Patients List**

Patient lists in the "Client Rep" view and in the "Patient Bad Debt" view have a new "Flags" column added. This column contains information on patients' status, which is displayed as a flag on mouse-over event.

Flags	Doctor Name
	LOFASO, PETER
S	LOFASO, PETER
W	LOFASO, PETER
	LOFASO, PETER
	LOFASO, PETER
	LOFASO, PETER

The meaning of the flags is as follows:

The patient was moved to "Office" for approval, but was returned unapproved.

- The patient has been approved by "Office" for moving to Collection agency.
- WW The patient has been approved by "Office" for moving to write-off.
- Шт

The patient is pending decision from "Office".

The patient has been processed by the "Pending Office Decision" workflow

The patient has been moved to the "Patient Bad Debt" bucket from one of the following buckets: "Holding after Client Rep Pre-Collect Calls", "Holding Approval for Client Rep Calls", "Need

Approval for Client Rep Calls", "Queued for Client Rep Pre-Collect Calls", "Holding after Office Pre-Collect Calls", "Holding Approval for Office Calls", "Need Approval for Office Calls", "Queued for Office Pre-Collect Calls".